



NAH TAH WAHSH PSA/HANNAHVILLE INDIAN SCHOOL
N14911 HANNAHVILLE B-1 ROAD
WILSON, MI 49896
PHONE: (906) 466-2952 FAX: (906) 466-9115

FIELD TRIP STAFF REQUEST

Teacher: _____ Grade: _____

Destination: _____

Purpose: _____

Date of Field Trip: _____

School departure time: _____ School arrival time: _____

Number of students: _____ (attach a list of student names)

Number of adults: _____ (attach a list of adult names)

Is lunch or snack needed? Yes No Lunch Snack How many? _____

Approved Denied

Once approved, give a copy of signed form to: Kitchen, Transportation, Nurse, Teacher and original maintained in the school office.

Principal/Admin Signature

Date

Transportation Manager Signature

Date

Kitchen Manager Signature

Date

School Nurse Signature

Date